

# EXHIBIT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <b>BRAD ALLEN D.B.A</b>  <b>CHIEF JUDGE</b>  <b>212 WEST ELM STREET</b>  <b>GRAHAM, NORTH CAROLINA</b>  <b>27535</b></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)  <b>7019 0140 0000 4746 1769</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>			
<p>9590 9402 7055 1225 3826 40</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>1. Article Addressed to:  <b>Meredith Edwards</b>  <b>1 COURT SQUARE</b>  <b>GRAHAM, NORTH CAROLINA</b>  <b>27535</b></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)  <b>7019 0140 0000 4746 0892</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>			
<p>9590 9402 7172 1251 7768 53</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>1. Article Addressed to:  <b>Josh Stein</b>  <b>Attorney General</b>  <b>114 West Edenton Street</b>  <b>Raleigh, North Carolina</b></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label)  <b>7019 0140 0000 4746 0892</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>			
<p>9590 9402 2866 7094 5535 27</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	



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<p>1. Article Addressed to:</p> <p><i>John Needly</i>  <i>212 West Elm Street</i>  <i>Graham, North Carolina</i>  <i>27253</i></p>		<p>B. Received by (Printed Name) <i>John Needly</i></p> <p>C. Date of Delivery <i>4-27-22</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3333 7227 5927 25</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p><i>Jonathan Evans</i>  <i>P.O. Box 1326</i>  <i>Raleigh, North Carolina</i>  <i>27602</i></p>		<p>B. Received by (Printed Name) <i>Hannah</i></p> <p>C. Date of Delivery <i>OCT 01 2021</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 2966 7094 5536 33</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p><i>ELAINE F. MARSHALL</i>  <i>2 South Salisbury Street</i>  <i>Raleigh, North Carolina</i>  <i>27601</i></p>		<p>B. Received by (Printed Name) <i>Secretary of State</i></p> <p>C. Date of Delivery <i>JUL 12 2020</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7172 1251 7767 09</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>Domestic Return Receipt</p>	





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<p>1. Article Addressed to: <i>John Neddy</i> <i>212 West Elm Street</i> <i>Graham, North Carolina</i> <i>27253</i></p>		<p>B. Received by (Printed Name) <i>T C I C I A</i></p>	<p>C. Date of Delivery <i>3/16/22</i></p>
<p>2. Article Number (Transfer from service label) <b>7019 0140 0000 4746 0847</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input checked="" type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (0)         </p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>	
<p>9590 9402 2966 7094 5538 17</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			


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<p>1. Article Addressed to: <i>W. J. Hopkins</i> <i>216 South Maple Street</i> <i>Graham, North Carolina</i> <i>27253</i></p>		<p>B. Received by (Printed Name) <i>T C I C I A</i></p>	<p>C. Date of Delivery <i>3/16/22</i></p>
<p>2. Article Number (Transfer from service label) <b>7019 0140 0000 4746 0878</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input checked="" type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (0)         </p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>	
<p>9590 9402 2966 7094 5537 87</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

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<p>1. Article Addressed to: <i>Brinkley, D</i> <i>165 Stone Street</i> <i>Haw River, North Carolina</i> <i>27258</i></p>		<p>B. Received by (Printed Name) <i>GARY TUFES</i></p>	<p>C. Date of Delivery <i>3-16-22</i></p>
<p>2. Article Number (Transfer from service label) <b>7019 0140 0000 4746 0878</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input checked="" type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (0)         </p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>	
<p>9590 9402 2966 7094 5537 94</p>		<p>Domestic Return Receipt</p>	
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<p>1. Article Addressed to:</p> <p>MARK Keith Robinson 310 North Blount Street Raleigh, North Carolina 27601</p>  <p>9590 9402 7172 1251 7768 46</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 4746 0939</p>		<p>all Restricted Delivery</p>	
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<p>1. Article Addressed to:</p> <p>Kristy Cole 216 S. Maple St Graham, North Carolina</p>  <p>9590 9402 5443 9189 7584 30</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>1. Article Addressed to:</p> <p>SEAN BOONE, d.b.a ADAMANCE COUNTY D.A. 212 W. Elm St Graham, North Carolina</p>  <p>9590 9402 2966 7094 5536 40</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	



WAYNE STUMP  
STATE SENATOR

1000 P.O. BOX 6638 - LEGISLATIVE  
DISTRICT 1 - 10

STATE CAPITAL - PHOENIX, ARIZONA  
TELEPHONE - 435-5000  
FAX - 435-5001



COMMITTEES:  
CONSTITUTION  
WAGE CHAIRMAN  
GOVERNMENT  
HEALTH & HOSPITALS

## Arizona State Senate

Phoenix, Arizona

December 10, 1985

Ralph Milstead  
Director  
Department of Public Safety  
State of Arizona  
2310 North 20th Avenue  
P.O. Box 6638  
Phoenix, Arizona 85005

Dear Director Milstead:

It has come to my attention that numerous individuals in our state have rescinded all of their contracts with the United States federal government, the State of Arizona, and each of its political subdivisions, establishing themselves as freemen under the organic national Constitution of the Republic of the United States of America. Consequently, they may be driving without auto registration, driver's license, or any other evidence of contract.

Because many law enforcement personnel may be unaware of the contractual nature of auto registration and driver's licenses, it is conceivable that this situation may lead to confrontation between these individuals and law enforcement personnel.

I urge you to inform yourself and your personnel about this matter as soon as possible. If you would like to be briefed by someone knowledgeable on this subject, please contact me.

In the meantime, inasmuch as this procedure is entirely appropriate when properly carried out, I would like to be personally notified of every such instance of confrontation in order that the persons involved and the public officials involved may be apprised of the correct procedure and the appropriateness of their actions on the part of each concerned.

My office phone is 255-5261 and I am requesting to be notified of the names and incidents along with addresses and phone numbers of participants of any such confrontations arising from the exercise of a person's freeman status in order to evaluate the outcome of properly rescinded contracts.

Sincerely,

Wayne Stump  
State Senator

MS:py

Signed in my presence this 14 Day of January 2004.



I, Wayne Howard Stump, do solemnly state that this is an exact and true copy of a letter that I wrote on Dec. 10, 1985 while serving in the State Senate of Arizona.

Signed by on